



MAILING ADDRESS:  
STATE WATER RESOURCES CONTROL  
DIVISION OF FINANCIAL ASSISTANCE  
UST CLEANUP FUND  
P.O. BOX 944212  
SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:  
STATE WATER RESOURCES CONTROL  
DIVISION OF FINANCIAL ASSISTANCE  
UST CLEANUP FUND  
1001 I STREET  
SACRAMENTO, CA 95814

## COST PRE-APPROVAL REQUEST

(Complete form, enclose required items, sign, date and return)

Mail to: USTCF, PO Box 944212, Sacramento, CA 94244 or Fax to: (916) 341-5806

### I. CLAIM INFORMATION

Claim No. \_\_\_\_\_ County or Regional Board: \_\_\_\_\_

Claimant: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

### II. TYPE OF REQUEST (check appropriate boxes)

☐ Pre-Approval \$ \_\_\_\_\_ Amount Requested

☐ 3-Bid Review \$ \_\_\_\_\_ Preferred Bid (if applicable)

☐ The Cleanup Fund is authorized to transmit pre-approval information to my consultant.

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR THE SPECIFIED REQUEST. ALL DOCUMENTS REQUESTED MUST BE SUBMITTED OR THE REQUEST(S) WILL BE RETURNED UNPROCESSED.

#### A. Request for Pre-Approval of Proposed Costs – The following items are required before review and determination will be made by Fund Staff

1. \_\_\_\_ A complete signed copy of the proposed Investigation Workplan or Corrective Action Plan (CAP) (as defined and required by Article 11, Chapter 16, California Underground Storage Tank Regulations). Corrective Action Plans must include the required feasibility study and chosen cost-effective alternative.
2. \_\_\_\_ A signed copy of the oversight agency approval letter for the Workplan/CAP.
3. \_\_\_\_ A complete copy of the Request for Bids, including all attachments.
4. \_\_\_\_ Complete copies of all bids (including subcontractor bids) and other correspondence submitted in response to the Request for Bids.
5. \_\_\_\_ A time schedule, if not part of bid documents, anticipated for project initiation and duration.
6. \_\_\_\_ A detailed project budget, which includes breakdowns of staff/task/hour with associated estimated totals.

#### B. Three-Bid Review/Evaluation/Determination – Fund staff will assist any claimant requesting an evaluation of bids upon request. The following information must be submitted – 1, 2, 3, and 4 as described in Item A above.

### III. CERTIFICATION

*I certify under penalty of perjury that all information submitted with this request is complete and accurate and in accordance with all applicable laws and regulations. I further certify that the work requested under this pre-approval has not been implemented. Must be signed by claimant or person designated on the Power of Attorney form.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date